

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED VARATHARASA, THIRUNAVUKARASU			VOUCHER NUMBER																																		
3. MAG. DKT./DEF. NUMBER 1:06-000022-001		4. DIST. DKT./DEF. NUMBER 1:06-000043-001		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER																																	
7. IN CASE/MATTER OF (Case Name) U.S. v. VARATHARASA		8. PAYMENT CATEGORY Other		9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Extradition Cases																																	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense.																																							
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request Authorization to obtain the service. Estimated Compensation: \$ _____ OR Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500)																																							
Signature of Attorney _____ Panel Attorney Retained Atty Pro-Se Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.				Date _____ Telephone Number: _____																																			
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)				14. TYPE OF SERVICE PROVIDER																																			
				<table border="0" style="width:100%;"> <tr> <td>01 Investigator</td> <td>20 Legal Analyst/Consultant</td> </tr> <tr> <td>02 X Interpreter/Translator</td> <td>21 Jury Consultant</td> </tr> <tr> <td>03 Psychologist</td> <td>22 Mitigation Specialist</td> </tr> <tr> <td>04 Psychiatrist</td> <td>23 Duplication Services (See Instructions)</td> </tr> <tr> <td>05 Polygraph Examiner</td> <td>24 Other (specify) _____</td> </tr> <tr> <td>06 Document Examiner</td> <td></td> </tr> <tr> <td>07 Fingerprint Analyst</td> <td></td> </tr> <tr> <td>08 Accountant</td> <td></td> </tr> <tr> <td>09 CALR (Westlaw/Lexis, etc)</td> <td></td> </tr> <tr> <td>10 Chemist/Toxicologist</td> <td></td> </tr> <tr> <td>11 Ballistics Expert</td> <td></td> </tr> <tr> <td>13 Weapons/Firearms/Explosive Expert</td> <td></td> </tr> <tr> <td>14 Pathologist/Medical Examiner</td> <td></td> </tr> <tr> <td>15 Other Medical Expert</td> <td></td> </tr> <tr> <td>16 Voice/Audio Analyst</td> <td></td> </tr> <tr> <td>17 Hair/Fiber Expert</td> <td></td> </tr> <tr> <td>18 Computer (Hardware/Software/Systems)</td> <td></td> </tr> <tr> <td>19 Paralegal Services</td> <td></td> </tr> </table>				01 Investigator	20 Legal Analyst/Consultant	02 X Interpreter/Translator	21 Jury Consultant	03 Psychologist	22 Mitigation Specialist	04 Psychiatrist	23 Duplication Services (See Instructions)	05 Polygraph Examiner	24 Other (specify) _____	06 Document Examiner		07 Fingerprint Analyst		08 Accountant		09 CALR (Westlaw/Lexis, etc)		10 Chemist/Toxicologist		11 Ballistics Expert		13 Weapons/Firearms/Explosive Expert		14 Pathologist/Medical Examiner		15 Other Medical Expert		16 Voice/Audio Analyst		17 Hair/Fiber Expert	
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15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. YES NO																																							
16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT		ADDITIONAL REVIEW																																	
a. Compensation																																							
b. Travel Expenses (lodging, parking, meals, mileage, etc.)																																							
c. Other Expenses																																							
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS																																							
TIN: _____ Telephone Number: _____ CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS Final Interim Payment Number Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____																																							
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case. Signature of Attorney: _____ Date: _____																																							
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES		22. TOT. AMT APPROVED/CERTIFIED																																	
23. Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500. Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____																																							
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES		27. TOTAL AMOUNT APPROVED																																	
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____																																							

FILED
DISTRICT COURT OF GUAM
OCT 24 2006
MARY L.M. MORAN
CLERK OF COURT